Fill out this page if you are not a U.S. citizen.

Head of household name: _____ Head of household SSN: _____

▶ 1. Are you or any family member on active duty, or a veteran of the United States Armed Forces with an honorable discharge, or did you or any family member serve under U.S. command during World War II or in Vietnam? . . . . ☐ yes ☐ no

    If **yes**, you may stop here.

    If **no**, go to the next question.

▶ 2. Are you or any family member the spouse, widow or widower, or dependent of a person on active duty or a veteran described above? . . . . ☐ yes ☐ no

    If **yes**, you may stop here.

    If **no**, go to the next question.

▶ 3. Are you or any family member a victim of domestic abuse and **no longer living with the abuser**? . . . . ☐ yes ☐ no

    If **yes**, you may stop here.

    If **no**, you must fill out the rest of this page *(Immigration Status)*.

Immigration Status

OAC

▶ Fill out the chart below for each member of the family who is **not** a U.S. citizen and who is applying for MassHealth. List *all* statuses that have applied to each person since that person entered the U.S.

✉ **Attach copies** of both sides of all immigration cards (or other documents that show immigration status). *See the MassHealth Member Booklet for a more complete description of immigration statuses.*

Note: Family members who only want to get one or more of the following: MassHealth Limited, CMSP, Healthy Start, or Uncompensated Care Pool, do not have to give us a social security number. We will not match their names with any other agency including the Department of Homeland Security (DHS). You do not need to list their names on this page or send proof of their immigration status. MassHealth Limited pays for emergency services only. See the MassHealth Member Booklet for more information.

▶ Use these codes to describe your status in the chart below:

4. Amerasian admitted pursuant to Section 584 of Public Law 100-202
5. Granted asylum
6. Conditional entrant
7. Cuban/Haitian entrant
8. Deportation withheld
9. Legal permanent resident
10. Native American with at least 50% American Indian blood born in Canada
11. Granted parole
12. Refugee
13. Person with a temporary visa/other
14. Person residing under color of law (PRUCOL) *(See the MassHealth Member Booklet for more information.)*
15. Victim of severe forms of trafficking

Name	Status codes (List all that apply.)				Date status awarded				U.S. entry date	For office use only
	a	b	c	d	a	b	c	d		
									/ /	
									/ /	
									/ /	
									/ /	
									/ /	
									/ /	

If you need more space, please use a separate sheet of paper and attach it to this page.